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State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street - Room 120

Concord, New Hampshire 03301

Office@das.nh.gov

Charles M. Arlinghaus
Commissioner
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Assistant Commissioner
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Division of Public Works
Design and Construction
Project No. 80972 - Contract B

September 23, 2019

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

1). Authorize the Division of Public Works Design and Construction to enter into a contract with Turnstone Corporation (VC #169530), Milford, NH for a total price not to exceed \$1,456,300, for the Main Building North ADA Access & Emergency Egress, 105 Pleasant Street, Concord, NH. This contract is effective upon Governor and Council approval through October 30, 2020 unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize that a contingency in the amount of \$61,700 be approved for unanticipated site expenses for the Main Bldg North ADA Access & Emergency Egress, bringing the total to \$1,518,000. **100% Capital - General Funds.**

3). Further authorize the amount of \$25,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$1,543,000. **100% Capital-General Funds.**

Funding is available in account titled Department of Administrative Services as follows:

01-14-14-140030-15110000 Main Bldg North ADA Access & Emergency Egress SFY20

034-500162 - Contract/Building Repair	\$1,456,300
034-500162 - Contingency	\$ 61,700
034-500162 - Interagency - DPW Fees	<u>\$ 25,000</u>

Total **\$1,543,000**

EXPLANATION

Per Chapter 228:1, III, C Laws for Main Building – North End ADA Access & Emergency Egress. The Main Building at State Office Park South has a number of ADA access deficiencies. This project provides access to employees with disabilities to three floors of the Peaslee Wing and connects Peaslee to North Pavilion wing to improve circulation and allow more efficient egress in case of an emergency.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution; and the Department of Administrative Services has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Division of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,



Charles M. Arlinghaus
Commissioner

Department Estimate:	\$1,136,400
Contract Amount:	<u>\$1,456,300</u>
Over Estimate:	\$ 319,900

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80972, Contract B – Main Building – North End ADA Access & Emergency Egress

DESCRIPTION: Demolish existing porch with access ramp. Construct new three-story corridor with elevator to connect the Peaslee Wing with North Pavilion. Improve underground storm drainage system and reconstruct parking lot.

EXPLANATION: The Main Building at State Office Park South has a number of ADA access deficiencies. This project provides access to employees with disabilities to three floors of the Peaslee Wing and connects Peaslee to North Pavilion wing to improve circulation and allow more efficient egress in case of an emergency.

OVER ESTIMATE

EXPLANATION: The current state of the economy is strong and there is plenty of work for contractors. The demand for construction work remains consistent, which increases prices.

DEPARTMENT

ESTIMATE: \$1,136,400.00

LOW BID: \$1,456,300.00



ABC Bid Data

CONCORD
80972B
NON-FEDERAL

PROJECT: CONCORD
STATE PROJECT NUMBER: 80972B
FED. PROJECT NUMBER: NON-FEDERAL
DATE BIDS OPEN: August 14, 2019, 02:00 PM
SCOPE OF WORK: MAIN BLDG NORTH END ADA ACCESS & EMERGENCY EGRESS
COMPLETION DATE: October 30, 2020
LOCATION: Merrimack

Certified by: _____
Administrator

Summary of Bidders

Contractor	Bid Amount	Rank
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$1,456,300.00	A
MARTINI NORTHERN LLC . 299 HANOVER STREET, PORTSMOUTH NH 03801	\$1,463,000.00	B
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$1,598,500.00	C
MARK CARRIER CONSTRUCTION INC SUITE 101, 175 LINCOLN STREET, MANCHESTER NH 03103-5031	\$1,697,320.00	D
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	\$1,707,458.00	E

BUREAU OF PUBLIC WORKS

Award to 'A' Bidder \$ 1,456,300
 Hold for Negotiation
 Cancel Contract
 User Agency DAS
 Authorized by MLT
 Date 8/30/19

Item No.	Description	Unit	Quantity	PS&E		TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705		MARTINI NORTHERN LLC 299 HANOVER STREET PORTSMOUTH, NH 03801	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	CONSTRUCT THREE STORY CORRIDOR AND SITE WORK	U	1.00	\$916,400.00	\$916,400.00	\$1,177,000.00	\$1,177,000.00	\$1,125,849.00	\$1,125,849.00
902	CONSTRUCT ELEVATOR	U	1.00	\$130,000.00	\$130,000.00	\$189,300.00	\$189,300.00	\$247,151.00	\$247,151.00
903	ALLOWANCE FOR UNFORESEEN CONDITIONS, OWNER INITIATED CHANGES	\$	90,000.00	\$1.00	\$90,000.00	\$1.00	\$90,000.00	\$1.00	\$90,000.00
Totals:					\$1,136,400.00		\$1,456,300.00		\$1,463,000.00
Alt. Totals:									
Totals:					\$1,136,400.00		\$1,456,300.00		\$1,463,000.00

Item No.	Description	Unit	Quantity	PS&E		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044		MARK CARRIER CONSTRUCTION INC SUITE 101 MANCHESTER, NH 03103-5031	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items

901	CONSTRUCT THREE STORY CORRIDOR AND SITE WORK	U	1.00	\$916,400.00	\$916,400.00	\$1,308,300.00	\$1,308,300.00	\$1,490,700.00	\$1,490,700.00
902	CONSTRUCT ELEVATOR	U	1.00	\$130,000.00	\$130,000.00	\$200,200.00	\$200,200.00	\$116,620.00	\$116,620.00
903	ALLOWANCE FOR UNFORESEEN CONDITIONS, OWNER INTIATED CHANGES	\$	90,000.00	\$1.00	\$90,000.00	\$1.00	\$90,000.00	\$1.00	\$90,000.00
Totals:					\$1,136,400.00		\$1,598,500.00		\$1,697,320.00
Alt. Totals:									
Totals:					\$1,136,400.00		\$1,598,500.00		\$1,697,320.00

Item No.	Description	Unit	Quantity	PS&E		BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD MANCHESTER, NH 03103-3320	
				Unit Price	Total	Unit Price	Total

901	CONSTRUCT THREE STORY CORRIDOR AND SITE WORK	U	1.00	\$916,400.00	\$916,400.00	\$1,489,208.00	\$1,489,208.00
902	CONSTRUCT ELEVATOR	U	1.00	\$130,000.00	\$130,000.00	\$128,250.00	\$128,250.00
903	ALLOWANCE FOR UNFORESEEN CONDITIONS, OWNER INTIATED CHANGES	\$	90,000.00	\$1.00	\$90,000.00	\$1.00	\$90,000.00

Totals:				\$1,136,400.00	\$1,136,400.00	\$1,707,458.00	\$1,707,458.00
Alt. Totals:							
Totals:				\$1,136,400.00	\$1,136,400.00	\$1,707,458.00	\$1,707,458.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/09/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03248		CONTACT NAME: Tracy Andriski, CISR PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666 E-MAIL ADDRESS: tandriski@crossagency.com	
INSURED Turnstone Corporation 479 Nashua Street Milford NH 03055-0539		INSURER(S) AFFORDING COVERAGE INSURER A: Firemen's Ins. Co. of Washington D.C. NAIC # 21784 INSURER B: Acadia Ins Co. 31325 INSURER C: Indian Harbor Ins Co INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL18121772350 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		CPA0065107-28	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		CAA0065120-30	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CUA0065121-29	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Comp Ops Aggregate \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WPA0095815-27	12/31/2018	12/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Main Building - North End ADA Access & Emergency Egress, Concord #80972B
 The State of New Hampshire, its agencies, and its agents and employees are additional insureds for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

CERTIFICATE HOLDER State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord NH 03302	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
9/9/2019

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY: CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03246 PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3666 E-MAIL ADDRESS: dhaley@crossagency.com CODE: AGENCY CUSTOMER ID #: 00178165 INSURED: State of NH Dept of Administrative Services Turnstone Corp & Subcontractors 479 Nashua Street Milford NH 03055-0539		COMPANY: Acadia Ins Co. One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
LOAN NUMBER: _____ POLICY NUMBER: CIM5406669-10		EFFECTIVE DATE: 9/9/2019 EXPIRATION DATE: 9/9/2020 <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED: _____			

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Main Building - North End ADA Access & Emergency Egress
Concord #80972B

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risk, RC, Special Form	1,456,300	1,000

REMARKS (Including Special Conditions)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	
	LOAN # _____ AUTHORIZED REPRESENTATIVE T Andriski, CISR/TAS <i>Murray Andriski</i>			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/09/2019

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	PHONE (A/C, No, Ext): (603) 524-2425 FAX (A/C, No): (603) 524-3888 E-MAIL ADDRESS: tandriski@crossagency.com	
INSURED State of NH - Department of Administrative Services C/O Turnstone 479 Nashua Street Milford NH 03055	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Acadia Ins Co.	31325
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: CL199699073 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective		OCP5410028-10	09/09/2019	03/09/2021	EACH OCCURRENCE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
		MED EXP (Any one person) \$				
		PERSONAL & ADV INJURY \$				
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$
						\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$
	DED RETENTION \$					AGGREGATE \$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Main Building - North End ADA Access & Emergency Egress, Concord #80972B

CERTIFICATE HOLDER CANCELLATION

State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord NH 03302	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Tracy Andriski</i>
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